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**** CONTINUING DATA *******

This appln claims benefit of 60/403,783 08/15/2002
 and is a CIP of 09/777,091 02/05/2001 PAT 7,452,371

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/13/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 31	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

42715

TITLE

IMPLANTABLE VASCULAR DEVICE

FILING FEE RECEIVED 2230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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